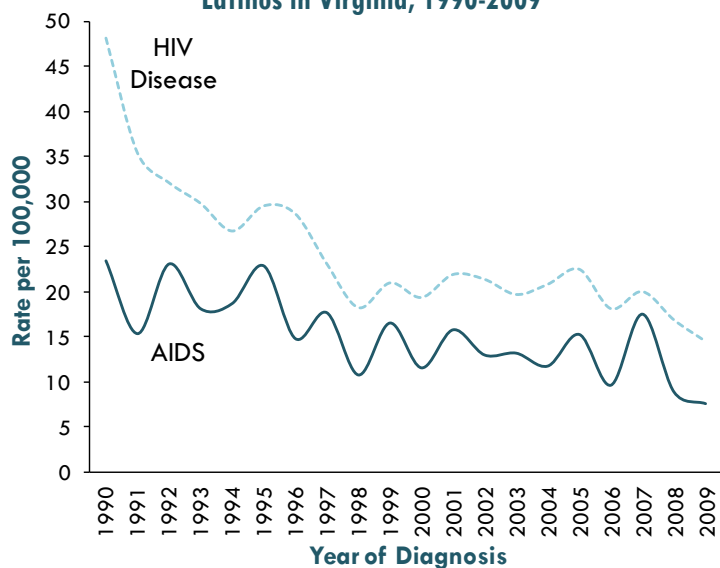


**The** Hispanic/Latino\* community is disproportionately affected by the HIV epidemic. The nationwide rate of new HIV infections among Hispanics/Latinos in 2009 was estimated to be 2.9 times that of Whites. The rate among Hispanic/Latino men, who represented 79% of all new infections among Hispanics in 2009<sup>^</sup>, was more than double the rate among White men (40 versus 16 per 100,000); the rate among Hispanic women was four times that of Whites (12 versus 2.6 per 100,000) (Prejean, 2011). It is estimated that one in 36 Hispanic male and one in 106 Hispanic female will be diagnosed with HIV disease at some point in life (CDC, 2010).

According to the CDC, factors that contribute to the HIV epidemic among Hispanics/Latinos include drug and alcohol usage leading to risky sexual behavior, socioeconomic factors, language barriers, and stigma around homosexuality which discourages testing and treatment. In addition, many Hispanic women may be unaware of their male partner's risk factors. In five different studies of US gay and bisexual men, Hispanic men were reported to have the highest rates of unprotected male-to-male sexual contact (CDC, 2010). All of these issues contribute to the various challenges surrounding HIV prevention in this population.

**HIV Disease & AIDS Diagnosis Rates among Hispanics/Latinos in Virginia, 1990-2009**



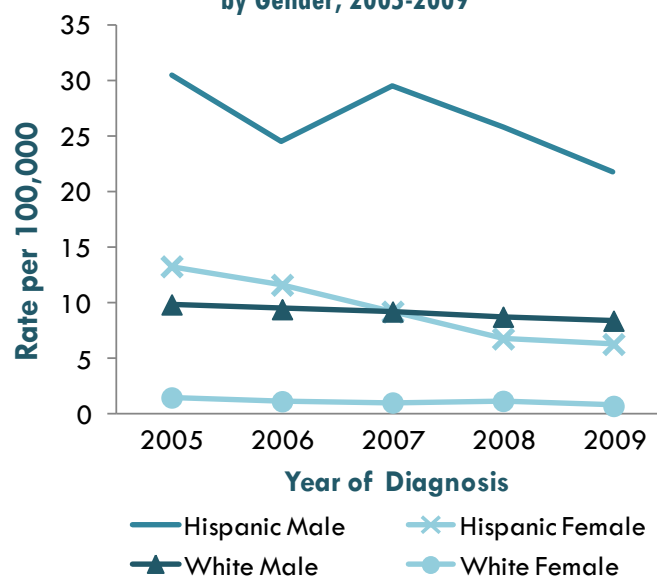
## HIV DISEASE DIAGNOSES

Hispanics/Latinos accounted for seven percent of the estimated 2009 Virginia population but represented nine percent of the new HIV cases diagnosed from 2005-2009.



### By Gender

Between 2005 and 2009, the average rate of HIV disease diagnoses was 27 per 100,000 among Hispanic/Latino males and 10 per 100,000 for females. Similar to the national proportion, men accounted for 76% of the total diagnosed cases of HIV disease among Hispanics/Latinos in Virginia during the five year period.

**HIV Disease Diagnoses among Hispanics/Latinos and Whites by Gender, 2005-2009**



Hispanic/Latino males are **3 times** more likely to be diagnosed with HIV disease than White males.

Hispanic/Latino   
White male 

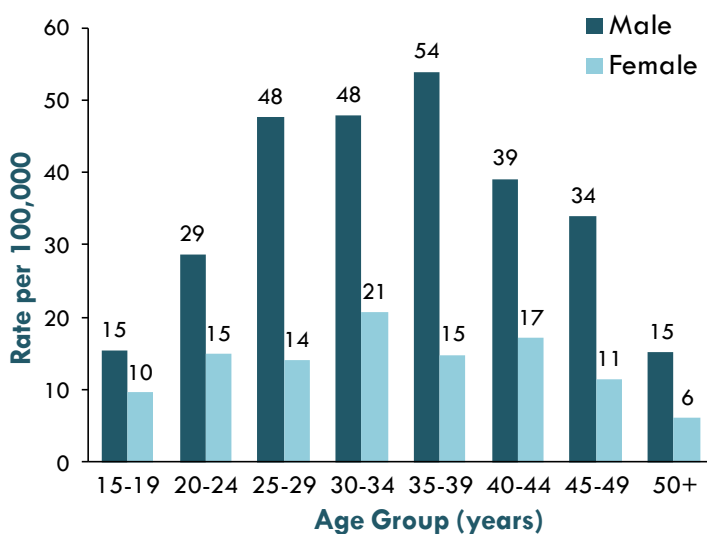
Hispanic/Latina females are **8 times** more likely to be diagnosed with HIV disease than White females.

Hispanic/Latina   
White female 

## By Age at Diagnoses

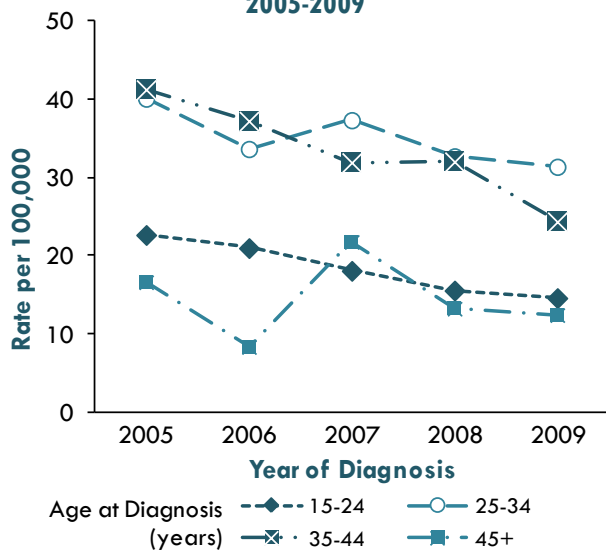
Hispanics/Latinos tend to be diagnosed with HIV disease at a later age compared to the general population. The greatest rate of newly diagnosed cases of HIV disease occurred among males ages 35-39. However, among the general population, the greatest rate of HIV disease diagnoses is among males aged 20-24 at the time of diagnosis. Hispanic males 35-39 years of age were nearly 3 times more likely to be diagnosed with HIV disease than females between 2005 and 2009.

**HIV Disease among Hispanics/Latinos by Gender and Age at Diagnosis, 2005-2009†**



In Virginia, nearly 70% of HIV disease cases among Hispanics/Latinos were diagnosed among those between the ages of 25 and 44.

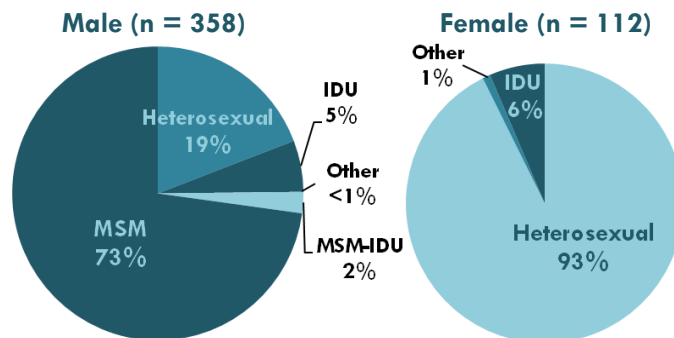
**HIV Disease among Hispanics/Latinos by Age at Diagnosis, 2005-2009**



## By Transmission Category§

Nationally, Hispanics are most likely to be infected with HIV as a result of sex with men (CDC, 2010). This holds true for Hispanic males and females in Virginia with 73% and 93% of HIV disease diagnoses attributed to sex with men, respectively (another 2% of infections in men were among MSM with a history of injection drug use).

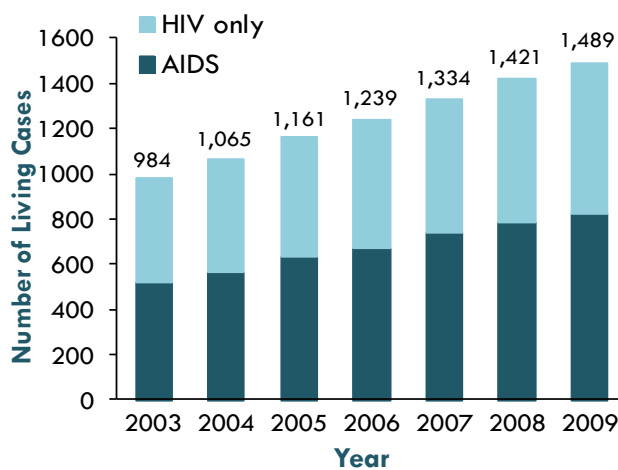
**HIV Disease among Hispanic/Latinos by Transmission Category in Virginia, 2005-2009§**



## HIV/AIDS PREVALENCE

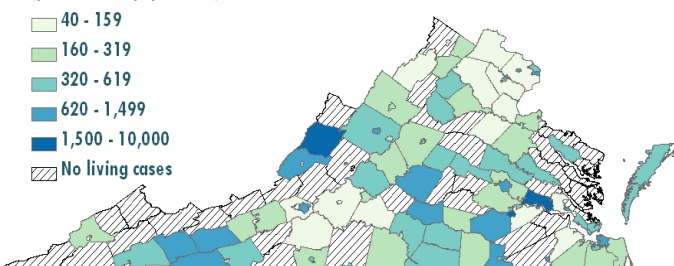
As of December 31, 2009, there were 1,489 Hispanics/Latinos living with HIV disease in Virginia, 55% of whom had progressed to AIDS.

**Hispanics/Latinos Living with HIV Disease, 2003-2009**



**Prevalence among Hispanics/Latinos by Locality, 2009‡**

Rate of Hispanics living with HIV disease (per 100,000 population)



## LATE DIAGNOSIS OF HIV

Early knowledge of HIV infection can improve an individual's health outcome, help prevent further HIV transmission in vulnerable populations and reduce health care costs associated with disease progression to AIDS. Cases that are initially diagnosed with AIDS or receive an AIDS diagnosis within 12 months of their initial HIV diagnosis are referred to as late diagnosis. In Virginia, an estimated 45% of Hispanic/Latino cases of HIV disease were diagnosed late whereas 31% of White and 30% of Black cases were late diagnoses between 2004 and 2008. Hispanics were 5 times more likely to be diagnosed late than their White counterparts.

In a comprehensive analysis of data from 33 states and 5 US-dependent areas that had been reporting HIV diagnoses since at least 2003, 42% of Hispanics who were diagnosed with HIV in 2005 progressed to AIDS in less than 12 months. This short HIV-to-AIDS interval is more common among Hispanics than persons of other races/ethnicities, and varies within the Hispanic population by place of birth. This short interval may reflect inadequate care and treatment; it also shows a delay in testing until a later time in HIV disease when symptoms indicative of AIDS are more likely to have developed (Espinoza, 2008).

As of December 31, 2009, **6.7%** of all people living with HIV disease in Virginia were Hispanics/Latinos.

**1 in 383** Hispanics/Latinos in the state are known to be living with HIV disease.

## REFERENCES

CDC (2010). "HIV among Hispanics/Latinos." Accessed April 2011: <http://www.cdc.gov/hiv/hispanics/resources/factsheets/pdf/hispanic.pdf>.

Espinoza, L. *et al.* (2008) Characteristics of HIV infection among Hispanics, United States 2003-2006. *J Acquir Immune Defic Syndr.* 49:94-101.

Prejean, J. *et al.* (2011). Estimated HIV incidence in the United States, 2006-2009. *PLoS ONE* 6(8):e17502.

\*Hispanics/Latinos can be of any race. Hispanic and Latino/Latina are used interchangeably.

^Data presented in the national HIV incidence report are annual estimates of the number of new infections, whether or not they were actually diagnosed. In contrast, Virginia data are based on new diagnoses each year, which can include persons who were infected in previous years. These two sets of data cannot be directly compared; they are presented here only to show similarity in trends.

†Small case counts among some Hispanic/Latino age groups in 5 year increments may result in unreliable rate estimates.

§These data are not actual cases; the percentages presented are estimates of the transmission category using the CDC provided multiple imputation procedure for cases reported without an identified or reported risk.

‡Small case counts among Hispanics/Latinos and small Hispanic population in some localities may result in unreliable rate estimates.